

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049042

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3843

FILED JAN 10 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY ST Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton (5)		c. CITY OR TOWN Lemay	
Length of stay in 1b D.O.A.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp		d. STREET ADDRESS (If outside, give location) 3804 Hoffmeister Av	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Anthony Middle James Last Lucas		4. DATE OF DEATH Month 12 Day 29 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-15-1906
9. AGE (last birthday) 56 Yrs		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walter		10b. KIND OF BUSINESS OR INDUSTRY Busch's Grove	
11. BIRTHPLACE (City and state or country) Maryville Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Anton Lucas		13b. MOTHER'S MAIDEN NAME Anna Wansinger	
14. NAME OF HUSBAND OR WIFE Georgia I. Lucas		Address 3804 Hoffmeister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) W.W.#2		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Georgia A. Lucas		Address 3804 Hoffmeister	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct DUE TO (b) arterio-sclerotic heart disease DUE TO (c) with myocardial damage		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:00 a.m. p.m. Month, Day, Year Jan. 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Dec 29-62	
20g. COUNTY Jefferson		20h. STATE Mo	
21. I attended the deceased from Jan. 1960 to Dec 29-62 last saw him alive on Dec. 21-62		Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) George A. O'Sullivan, M.D.		22b. ADDRESS 7629 Ivory Ave	
22c. DATE SIGNED 12-31-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-2-1963	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo		(State)	
24. FUNERAL DIRECTOR Fendler Und. Co.		ADDRESS 7420 Michigan Ave	
DATE RECD. BY LOCAL REG. 12-31-62		26. REG. NO. 111	

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. O'Sullivan
7629 Ivory Ave
PL 2-1242
Monday 1 1111 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.